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Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019Department of the Treasury
Internal Revenue ServiceFor calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	MERCY HEALTH Number, street, and room or suite no. If a P.O. box, see instructions 14528 SOUTH OUTER FORTY RD, STE 100 City or town, state or province, country, and ZIP or foreign postal code CHESTERFIELD, MO 63017	43-1423050
C Book value of all assets at end of year 3,411,365,586.	F Group exemption number (See instructions) ▶ 0928	E Unrelated business activity code (See instructions) 523000
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Enter the number of the organization's unrelated trades or businesses ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **PARTNERSHIP INVESTMENTS** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **SHANNON SOCK** Telephone number ▶ **314-579-6100**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)	1,400,152.		1,400,152.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	5,309,939.		5,309,939.
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	-3,695,350.	ATCH 1	-3,695,350.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	3,014,741.		3,014,741.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	3,014,741.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	3,014,741.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

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Exhibit 7

Form 990-T (2019)

MERCY HEALTH

43-1423050

Page 2

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	3,014,741.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) ATCH. 2	34	4,403.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	3,010,338.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	3,010,338.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	46a	
b	Other credits (see instructions).	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868.	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other <input type="checkbox"/> Form 4136 Total	51g	
52	Total payments. Add lines 51a through 51g	52	0.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	0.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here BERMUDA	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file	X	X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

JENNIFER L RICHTER

Preparer's signature

Jennifer Richter

Date

08-19-2021

Check ☐ If self-employed

PTIN

P00366526

Firm's name **ERNST & YOUNG U.S. LLP**Firm's EIN **34-6565596**Firm's address **7676 FORSYTH BLVD 26TH FL, STE 2600, CLAYTON, MO 63105**Phone no **314-290-1000**JSA
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Form 990-T (2019)

Exhibit 7

MERCY HEALTH

43-1423050

Form 990-T (2019)

Page 3

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ►				

Form 990-T (2019)

JSA

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Exhibit 7

Form 990-T (2019)

MERCY HEALTH

43-1423050

Page 4

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1,
Part I, line 8, column (A)Add columns 6 and 11
Enter here and on page 1,
Part I, line 8, column (B)

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1,
Part I, line 9, column (A)Enter here and on page 1,
Part I, line 9, column (B)

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on
page 1, Part I,
line 10, col (A)Enter here and on
page 1, Part I,
line 10, col (B)Enter here and
on page 1,
Part II, line 25

Totals

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Form 990-T (2019)

JSA

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Exhibit 7

Form 990-T (2019)

MERCY HEALTH

43-1423050

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T (2019)

Attachment - Previously provided support for Form 990-T Part V, Line 51e

2019 PARTNER'S SHARE OF INVESTMENT IN PASS-THROUGH ENTITIES

EIN: 98-1350547

LIME ROCK PARTNERS VIII, L.P.

Entity Name	EIN #	Type	Disposed	PTP	QLIH	Pass-Thru
F: LR-TEC HOLDINGS, L.P.	82-2651693	PASS-THROUGH	NO	NO	NO	YES
G: LR-WAYFINDER HOLDINGS, L.P.	82-3398593	PASS-THROUGH	NO	NO	NO	YES
H: LR-RTS HOLDINGS, L.P.	84-3674412	PASS-THROUGH	NO	NO	NO	YES
I: LIME ROCK PARTNERS VIII, L.P.	98-1350547	PORTFOLIO	NO	NO	NO	NO

	F	G	H	I	J
Income / (loss)					
Ordinary business income (loss)	(242,658)	142,890	(94,602)	(1,792)	
Net rental real estate income (loss)					
Interest income	58	990		41	
Ordinary dividends					
Qualified dividends					
Royalties		16,432			
Net short-term capital gain (loss)					
Net long-term capital gain (loss)					
Unrecaptured section 1250 gain					
Net section 1231 gain (loss)		9,482			
Section 988, IRC gain / (loss)					
Ordinary business income (loss) from a publicly trade partnership					
Section 751(B) - Section 1254 recapture					
Deductions					
Cash contributions (60%)	95				
Cash contributions (100%)					
Investment interest expense				3,024	
Deductions - royalty income		1,471			
Section 59(e)(2) expenditures		466,644			
Excess business interest expense					
Deductions - portfolio (other)					
Other deductions (formerly subject to 2% floor)	710	547	266	294,856	
Line 150					
Backup withholding		1,338			
Fgn					
Total foreign taxes paid					
Alternative minimum tax (AMT) items					
Post-1986 depreciation adjustment		2,371			
Adjusted gain or loss		(441)			
Depletion (other than oil & gas)					
Oil, gas, & geothermal - gross income		454,869			
Oil, gas, & geothermal - deductions		353,187			
Other AMT items - excess IDCs		419,980			
Other AMT items - adjusted current earnings (ACE) adjustment					
Other AMT items - ACE depletion preference					
Line 18 items					
Tax-exempt interest income					
Other tax-exempt income					
Nondeductible expenses	10,499	251	215	87	
Other Information					
Investment income	58	17,422		41	
Investment expenses	710	2,018	266	294,856	
Cost depletion (working interest)		19,319			
Percentage depletion in excess of cost depletion (working interest)					
Percentage depletion in excess of basis (working interest)		2,465			
Cost depletion (royalty interest)					
Percentage depletion in excess of cost depletion (royalty interest)					
Percentage depletion in excess of basis (royalty interest)					
Cost depletion (mineral interest)					
Total sustained - assumed allowable depletion		21,784			
Unrelated business taxable income	(242,753)	(323,754)	(94,602)		
Section 199A income - Qualified Business Income	(242,658)	142,890	(94,602)		
Section 199A income - Qualified Business Income - IDCs		466,644			
Section 199A income - Qualified Business Income - Depletion		21,784			
Section 199A W-2 wages	668,665	28,840	9,265		
Section 199A unadjusted basis	1,844,403	167,993	189,250		
Section 163(j) excess taxable income				556,152	
Section 163(j) excess business interest income					
Gross receipts for section 59A(e)	1,737,372		25,310		

Attachment - Previously provided support for Form 990-T Part V, Line 51e

MERCY HEALTH
FEIN: 43-1423050
FORM 990-T
TAX YEAR ENDED 6/30/2020

FORM 990-T - PART V - LINE 51E - BACKUP WITHHOLDING

MERCY HEALTH (EIN:43-1423050) IS INVESTED IN NGP NATURAL RESOURCES XI, LP ("NGP") (EIN: 47-1245315). NGP IS A PARTNER IN CASTELL OIL COMPANY, LLC ("CASTELL") (EIN: 81-5213915). AS REPORTED ON BOX 15.0 OF THE ATTACHED SCHEDULE K-1, MERCY HEALTH HAS A PASS-THROUGH CREDIT FOR BACKUP WITHHOLDING VIA CASTELL IN THE AMOUNT OF \$14.

PLEASE FIND PAGE 1 OF THE SCHEDULE K-1, WITH BACKUP WITHHOLDING FOOTNOTE, PROVIDED BY NPG TO MERCY HEALTH, WHICH REPORTS THE WITHHOLDING AMOUNT NOTED ABOVE.

MERCY HEALTH

43-1423050

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ANTERO MIDSTREAM PARTNERS L.P. EIN: 46-4109058	-6,717.
CARLYLE REALTY PARTNERS VI, L.P. EIN: 27-3442813	-149,486.
CARLYLE REALTY PARTNERS VII, L.P. EIN: 36-4781632	-263,283.
CB OP AGGREGATOR I, LP EIN: 82-5256121	-88,227.
CB OP AGGREGATOR II, LP EIN: 84-2739311	-3,664.
CHARLESBANK EQUITY FUND IX, LP EIN: 35-2600984	-128,528.
CNX MIDSTREAM PARTNERS LP EIN: 47-1054194	-23,675.
EAGLE FUND II, L.P. EIN: 20-8624314	776,867.
EAGLE FUND III, LP EIN: 35-2437369	-303,689.
ENABLE MIDSTREAM PARTNERS, LP EIN: 72-1252419	-269,301.
ENERGY TRANSFER LP EIN: 30-0108820	-253,443.
ENTERPRISE PRODUCTS PARTNERS LP EIN: 76-0568219	-349,200.
EQM MIDSTREAM PARTNERS, LP EIN: 37-1661577	-139,737.
GENESIS ENERGY L.P. EIN: 76-0513049	-153,882.
LIME ROCK PARTNERS VIII, L.P. EIN: 98-1350547	-597,024.
MAGELLAN MIDSTREAM PARTNERS LP EIN: 73-1599053	-95,329.
MPLX LP (MARKWEST) EIN: 27-0005456	-355,459.
NGP NATURAL RESOURCES XI, LP EIN: 47-1245315	-644,400.
NOBLE MIDSTREAM PARTNERS EIN: 47-3011449	-89,345.
OAKTREE OPP. FUND XB AIF CJ L.P. EIN: 98-1208442	-2,076.
OAKTREE OPP. FUND XB AIF DEL L.P. EIN: 84-2384706	-58.
OAKTREE OPPORTUNITIES FUND XB L.P. EIN: 98-1187852	18,550.
PHILLIPS 66 PARTNERS LP EIN: 38-3899432	-224,922.
PRIME STORAGE FUND II, LP EIN: 32-0516056	1,250,844.
PRIME STG URBAN OPP. COINVEST L.P. EIN: 35-2603173	-1,569,473.
WESTERN GAS PARTNERS, LP EIN: 26-1075808	-46,690.
ASCENSION ALPHA FUND, EIN: 90-0786464	1,083.
ICAHN ENTERPRISES, L.P EIN: 13-3398766	14,914.

INCOME (LOSS) FROM PARTNERSHIPS

-3,695,350.

MERCY HEALTH

ATTACHMENT 2FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	3,014,741.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	0.
CARRYOVER NOL	<u>3,010,338.</u>
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	301,474.
CHARITABLE CONTRIBUTION	4,403.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>4,403.</u>

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**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2019

Name

MERCY HEALTH

Employer identification number

43-1423050

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	30.	66,244.		-66,214.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7 -66,214.

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	75,758.	19,201.		56,557.
11 Enter gain from Form 4797, line 7 or 9				11 1,409,809.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 1,466,366.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,400,152.
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	1,400,152.

Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

JSA
9E1801 1 000

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Exhibit 7

Exhibit 7

Form 8949 (2019)

Attachment Sequence No 12A

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

MERCY HEALTH

43-1423050

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CARLYLE REALTY PARTNERS VI, L P	VARIOUS	VARIOUS	6				6
	CARLYLE REALTY PARTNERS VII, L P	VARIOUS	VARIOUS	75,752				75,752
	NGP NATURAL RESOURCES XI, L P	VARIOUS	VARIOUS		4,695			-4,695
	OAKTREE OPPORTUNITIES FUND XB, LP	VARIOUS	VARIOUS		198			-198.
	OAKTREE OPPORTUNITIES FUND XB, LP	VARIOUS	VARIOUS		14,308			-14,308
2 Totals	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			75,758	19,201			56,557

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2019)